

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective May 1, 2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	95	-24.6%
10. Extended Coverage	86	-24.6%
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_  
Adopt LC in ISO filing designation CF-2006-RLA1 and change LCM to 1.572.

\*Adjusted to reflect all prior rate changes.

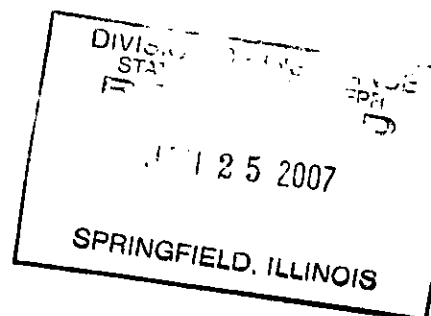
\*\*Change in Company's premium level which will result from application of new rates.

Amerisure Insurance Company

Name of Company

Joan Walters – Compliance Analyst I

Official – Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective May 1, 2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	3,612	-24.6%
10. Extended Coverage	10,447	-24.6%
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

Adopt LC in ISO filing designation CF-2006-RLA1 and change LCM to 1.706.

\*Adjusted to reflect all prior rate changes.

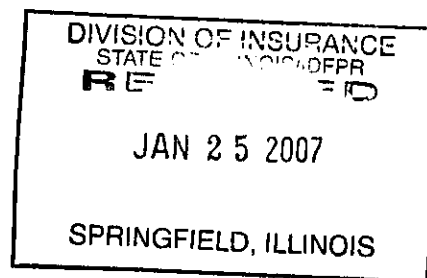
\*\*Change in Company's premium level which will result from application of new rates.

Amerisure Mutual Insurance Company

Name of Company

Joan Walters – Compliance Analyst I

Official – Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7/15/07

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	\$28,844,591.	+.03%
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing affects all territories.  
All three risk types are affected.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are revising our  
Actual Loss Sustained Rate Factors. Mercantile/Non-Manufacturing is being increased to .65, Manufacturing to .80 and  
Rental Properties to .60.

\*Adjusted to reflect all prior rate changes.

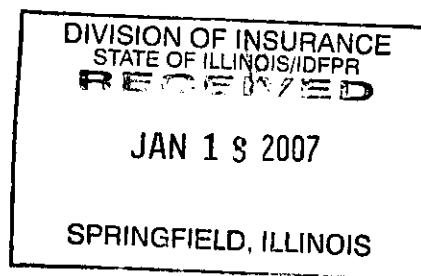
\*\*Change in Company's premium level which will result from application of new rates.

The Cincinnati Insurance Company

Name of Company

Connie Petertonies - Senior Filings Specialist

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6-1-2007 NB, 7-1-2007 RB

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	\$6,395,559	-37.1%
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): ISO

\*Adjusted to reflect all prior rate changes.

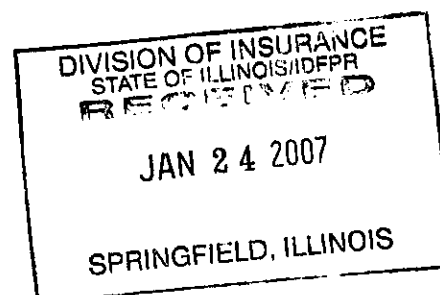
\*\*Change in Company's premium level which will result from application of new rates.

Consolidated Insurance Company

Name of Company

Amy LaCroix, Technician, Regulatory Filing

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2007 for both NB & RB

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	-57,560	-0.90
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: n/a

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective January 1, 2007 for both New Business and Renewal Business, we wish to file revisions to our currently approved Commercial Property Program. At this time we are revising the rates to our Terrorism program as outlined in the enclosed Actuarial Memorandum.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Consolidated Insurance Company

Name of Company

*Amy J. Galt*

Official - Title

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**RECEIVED**

JAN 3 2007

SPRINGFIELD, ILLINOIS

SUMMARY SHEETChange in Company's premium or rate level produced by rate Revision effective May 1, 2007

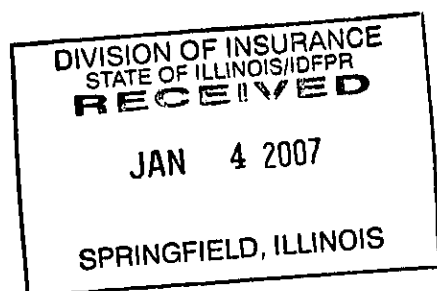
(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass	<b>included</b>	<b>included</b>
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	<b>\$1,752,925</b>	<b>-2.5%</b>
10. Extended Coverage	<b>included</b>	<b>included</b>
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
**all classes, all territories (including Fire/EMS-Pak program)**

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):  
**Adopting ISO Illinois Commercial Fire/Allied Lines Loss Costs revision, CF-2006-RLA1.**  
**Revising Company Loss Cost Multipliers.**

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.



**Continental Western Insurance Company**

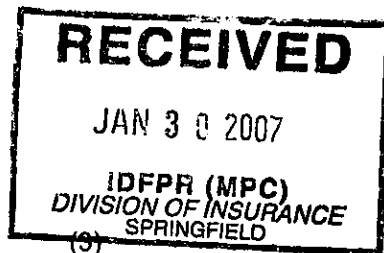
Name of Company

**Vicki Jacobs, Research Analyst**

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective 4/1/07



(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois) *</u>	(3) <u>Percent Change (+ or -) **</u>
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	1,878,889	-6.5%
10. Extended Coverage	1,878,889	-6.5%
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Yes, see Summary Page 1 for breakdown of changes by Type of Business.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Revising Type of Business Factors.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which  
will result from application of new rates.

Federated Mutual Insurance  
Company

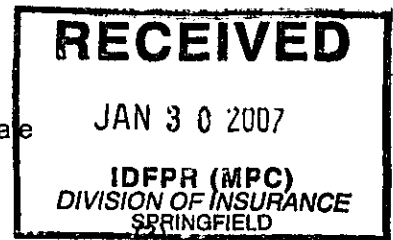
Name of Company

*Howard Hammel*

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective 4/1/2007



(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois) *</u>	(3) <u>Percent Change (+ or -) **</u>
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	163,065	-7.0%
10. Extended Coverage	163,065	-7.0%
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Yes, see Summary Page 1 for breakdown of changes by Type of Business.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Revising Type of Business Factors.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which  
will result from application of new rates.

Federated Service Insurance  
Company

Name of Company

*Howard Hammel*

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2007 for both NB & RB

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	-88,656	-0.90
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: n/a

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective January 1, 2007 for both New Business and Renewal Business, we wish to file revisions to our currently approved Commercial Property Program. At this time we are revising the rates to our Terrorism program as outlined in the enclosed Actuarial Memorandum.

\*Adjusted to reflect all prior rate changes.

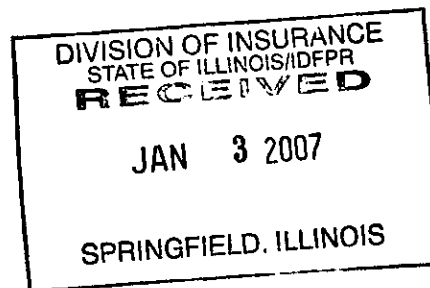
\*\*Change in Company's premium level which will result from application of new rates.

Indiana Insurance Company

Name of Company

Amy Jalowitz

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

6-1-2007 NB, 7-1-2007 RB

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	\$9,850,681	-36.7%
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): ISO

\*Adjusted to reflect all prior rate changes.

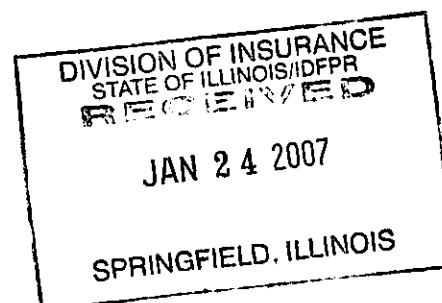
\*\*Change in Company's premium level which will result from application of new rates.

Indiana Insurance Company

Name of Company

Amy LaCroix, Technician, Regulatory Filing

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

6-1-2007 NB, 7-1-2007 RB

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	\$10,706,143	-37.3%
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): ISO

\*Adjusted to reflect all prior rate changes.

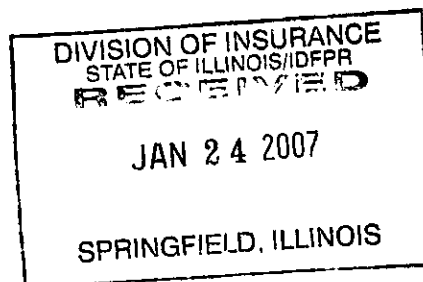
\*\*Change in Company's premium level which will result from application of new rates.

The Netherlands Insurance Company

Name of Company

Amy LaCroix, Technician, Regulatory Filing

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2007 for both NB & RB

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	-96,355	-0.90
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: n/a

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective January 1, 2007 for both New Business and Renewal Business, we wish to file revisions to our currently approved Commercial Property Program. At this time we are revising the rates to our Terrorism program as outlined in the enclosed Actuarial Memorandum.

\*Adjusted to reflect all prior rate changes.

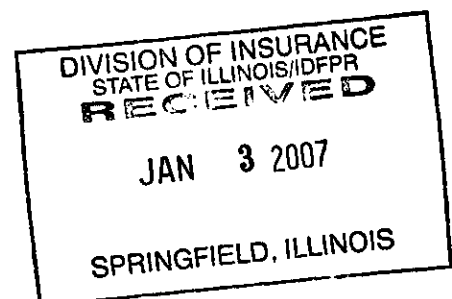
\*\*Change in Company's premium level which will result from application of new rates.

The Netherlands Insurance Company

Name of Company

Amy J. Galt

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

6-1-2007 NB, 7-1-2007 RB

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	\$23,359	-24.2%
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): ISO

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Peerless Indemnity Insurance Company

Name of Company

Amy LaCroix, Technician, Regulatory Filing

Official - Title

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**RECEIVED**

JAN 24 2007

SPRINGFIELD, ILLINOIS

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2007 for both NB & RB

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	-210	-0.90
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: n/a

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective January 1, 2007 for both New Business and Renewal Business, we wish to file revisions to our currently approved Commercial Property Program. At this time we are revising the rates to our Terrorism program as outlined in the enclosed Actuarial Memorandum.

\*Adjusted to reflect all prior rate changes.

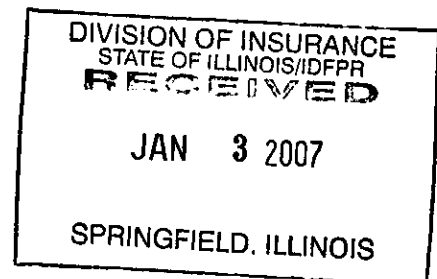
\*\*Change in Company's premium level which will result from application of new rates.

Peerless Indemnity Insurance Company

Name of Company

Amy J. Croix

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective \_\_\_\_\_

6-1-2007 NB, 7-1-2007 RB

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	\$3,810,107	-37.0%
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other _____	_____	_____
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_ ISO

\*Adjusted to reflect all prior rate changes.

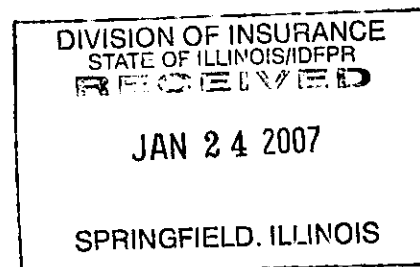
\*\*Change in Company's premium level which will result from application of new rates.

Peerless Insurance Company

Name of Company

Amy LaCroix, Technician, Regulatory Filing

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2007 for both NB & RB

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	-34,291	-0.90
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: n/a

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective January 1, 2007 for both New Business and Renewal Business, we wish to file revisions to our currently approved Commercial Property Program. At this time we are revising the rates to our Terrorism program as outlined in the enclosed Actuarial Memorandum.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Peerless Insurance Company

Name of Company

Amy J. Galt

Official - Title

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**RECEIVED**

JAN 3 2007

SPRINGFIELD, ILLINOIS



**RECEIVED**

JAN 23 2007

IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD

Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3-01-2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	50,723	-28.0%
10. Extended Coverage	15,029	-10.3%
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
Implementing ISO Revision Designation Number CF-2006-RLA1

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.Shelter General Insurance  
Company

Name of Company

Brian Marcks, Coord Ins Dept  
Affairs

Official - Title

**RECEIVED**

JAN 23 2007

**IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD**

Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3-01-2007

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	44,930	-28.0%
10. Extended Coverage	15,029	-10.4%
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

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Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Implementing ISO Revision Designation Number CF-2006-RLA1

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\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.Shelter Mutual Insurance Company

Name of Company

Brian Marcks, Coord Ins Dept  
Affairs

Official - Title

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 03/01/2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	\$184,094	-20.7%
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

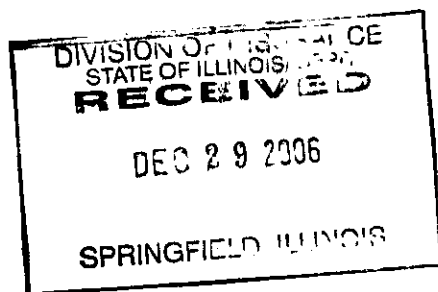
All territories, all classes

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting ISO's Advisory Prospective Loss Cost as contained in designation number CF-2006-RLA1.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.



Sompo Japan Ins. Co. of America  
Name of Company

Mary Alado, State Filings Analyst  
Official - Title